

Enrollment System Training

Enrollment System Training for Plan Users
August, 2006



Purpose

To train and inform MARx system plan users on the fundamentals of MARx system processing, and provide guidance and instruction on how to effectively use, interpret, and manage MARx system report and data file information

Course Delivery

- Five major topic areas for review
- Scenario and situation-based instruction
- Participant breakout exercise
- Panel discussion

Course Objectives

- After completing the MARx training for Plan Users, Plan users should be able to:
 - Demonstrate an understanding of MARx daily, weekly, and monthly transaction processing
 - Use, interpret, and manage MARx system report and data file information effectively

Course Agenda

- Section 1 – MARx Transaction Processing
 - Introduction
 - MARx Transaction Files Overview
 - Submitting Transaction Files
 - Election Period Types and Limits
 - MARx Processing Cycle
 - Transaction File Status Reporting
 - Retrieving Transaction File Status – MARx Reports Overview
- Section 2 – MARx Reports
 - Reports and Data Files – How are They Different?
 - Transmissions Upon Batch Submission
 - Transmissions Upon Batch Processing
 - Daily, Weekly, and Monthly Transmissions

Course Agenda (continued)

- Section 3 – Interpreting Transaction Reply Codes
 - What is a Transaction Reply Code (TRC)?
 - TRC Types
 - Understanding TRC Scenarios
 - Possible TRC Scenarios
 - Breakout TRC Analysis Exercise
- Section 4 – MARx: What to Expect Next
 - What to Expect Next with Fall 2006
- Section 5 – Current Issues (Panel Discussion /Q&A)
 - Enrollment Issues
 - Payment issues

Course Materials

- Course Agenda and Schedule
- August 2006 Enrollment System Training for Plan Users Presentation
- List of Transaction Reply Codes
- Summary of Permissible Election Types Job Aid
- August 2006 Enrollment System Training for Plan Users Course Evaluation Form
- Index Cards for Question and Answer Period

Schedule – Day 1

- 9:00am – 9:15am Welcome and Introductory Remarks
- 9:15am – 10:45am Section 1 – MARx Processing
- 10:45am – 11:00am Morning Break
- 11:00am – 11:45am Section 2 – MARx Reports
- 11:45am – 1:00pm Lunch
- 1:00pm – 2:30pm Section 3 – Transaction Reply Codes
- 2:30pm – 2:45pm Afternoon Break
- 2:45pm – 5:00pm Section 3 – Transaction Reply Codes

Schedule – Day 2

- | | |
|---------------------|--|
| • 9:00am – 9:45am | Section 4 – MARx: What to Expect Next |
| • 9:45am – 10:00am | 1 st Morning Break |
| • 10:00am – 11:15am | Section 5 – Current Issues I: Enrollment |
| • 11:15am – 11:30am | 2 nd Morning Break |
| • 11:30am – 12:45pm | Section 5 – Current Issues I: Enrollment |
| • 12:45pm – 2:00pm | Lunch |
| • 2:00pm – 3:15pm | Section 5 – Current Issues II: Payment |
| • 3:15pm – 3:30pm | Afternoon Break |
| • 3:30pm – 4:45pm | Section 5 – Current Issues II: Payment |
| • 4:45pm – 5:00pm | Closing Remarks |

Section 1 – MARx Transaction Processing



Section 1 – MARx Transaction Processing

- Introduction
- MARx Transaction Files Overview
- Submitting Transaction Files
- Submitting Retroactive Transaction Files
- Election Period Types
- Election Period Limits
- MARx Processing Cycle
- Transaction File Status Reporting
- Retrieving Transaction File Status – MARx Reports Overview

Introduction

- Medicare Advantage Prescription Drug (MARx) calculates payments to Plans for providing coverage to Medicare beneficiaries who are enrolled in its contracts
 - Coverage is principally for Part C and/or Part D of Medicare
 - Part C contracts are Medicare Advantage Plans that provide Part A and B benefits, and may also provide other benefits
 - Part D contracts provide drug insurance for beneficiaries enrolled in either managed care or fee-for-service for their Parts A and/or B benefits
 - A contract may offer both Parts C and D
 - A contract may offer several Plan Benefit Packages (PBPs) with different levels of coverage
 - Plans may also be further divided into segments

Introduction (continued)

- Beneficiaries may need to pay premiums for their benefits for Parts C and/or D
 - Premium payment depends on:
 - Premium charged by the Plan
 - This is based upon the level of coverage provided and negotiated with CMS
 - Beneficiary's income level
 - CMS subsidizes premiums for beneficiaries with low income (Low Income Subsidy - LIS)
 - Late enrollment penalty (LEP)
 - If beneficiary did not enroll in a Part D contract when first entitled and had no other creditable drug insurance coverage

Introduction (continued)

- Plan interactions with MARx fall into these categories:
 - Exchange of files
 - Plans submit transaction files to MARx in batch
 - Plans receive reports and data files that provide details concerning MARx transaction processing status
 - Online access through a Web-based user interface
 - Plans query MARx via an entry point called the CMS Application Portal, or the MA/Part D Online Inquiry System
 - Allows Plans to view enrollment, payment and premium information from MARx and beneficiary information from the Medicare Beneficiary Database (MBD)

Introduction (continued)

- Plan roles and privileges in MARx
 - Representative
 - Individual who works for a Plan managing beneficiaries in the Medicare program via MARx
 - May access data for their own membership (contracts) only
 - Cannot submit batch file transactions containing membership changes and health status corrections
 - May query and view enrollment, payment and premium information from MARx, and beneficiary information from the MBD via the CMS Application Portal, or the CUI
 - Representative Transmitters
 - Individual has the same capabilities as the Representative role
 - Additional ability to submit and transmit batch file transactions containing membership changes and health status corrections

MARx Transaction Files Overview

- What is a transaction?
 - An action that affects a MARx beneficiary record
- Transaction types
 - Enrollments
 - Transaction codes: 60, 61 (Note: 60 used for Retro EGHP)
 - Beneficiary enrollment into a Plan's contract
 - Auto-enrollments and facilitated enrollments submitted by the government for low-income beneficiaries
 - Disenrollments
 - Transaction codes: 51, 54 (Note: 54 is submitted by 1-800 Medicare)
 - Termination of beneficiary enrollment
 - Auto-disenrollments when a beneficiary is enrolled into a new contract
 - Auto-disenrollments may also occur when date of death notifications, loss of entitlement notifications, etc. are received

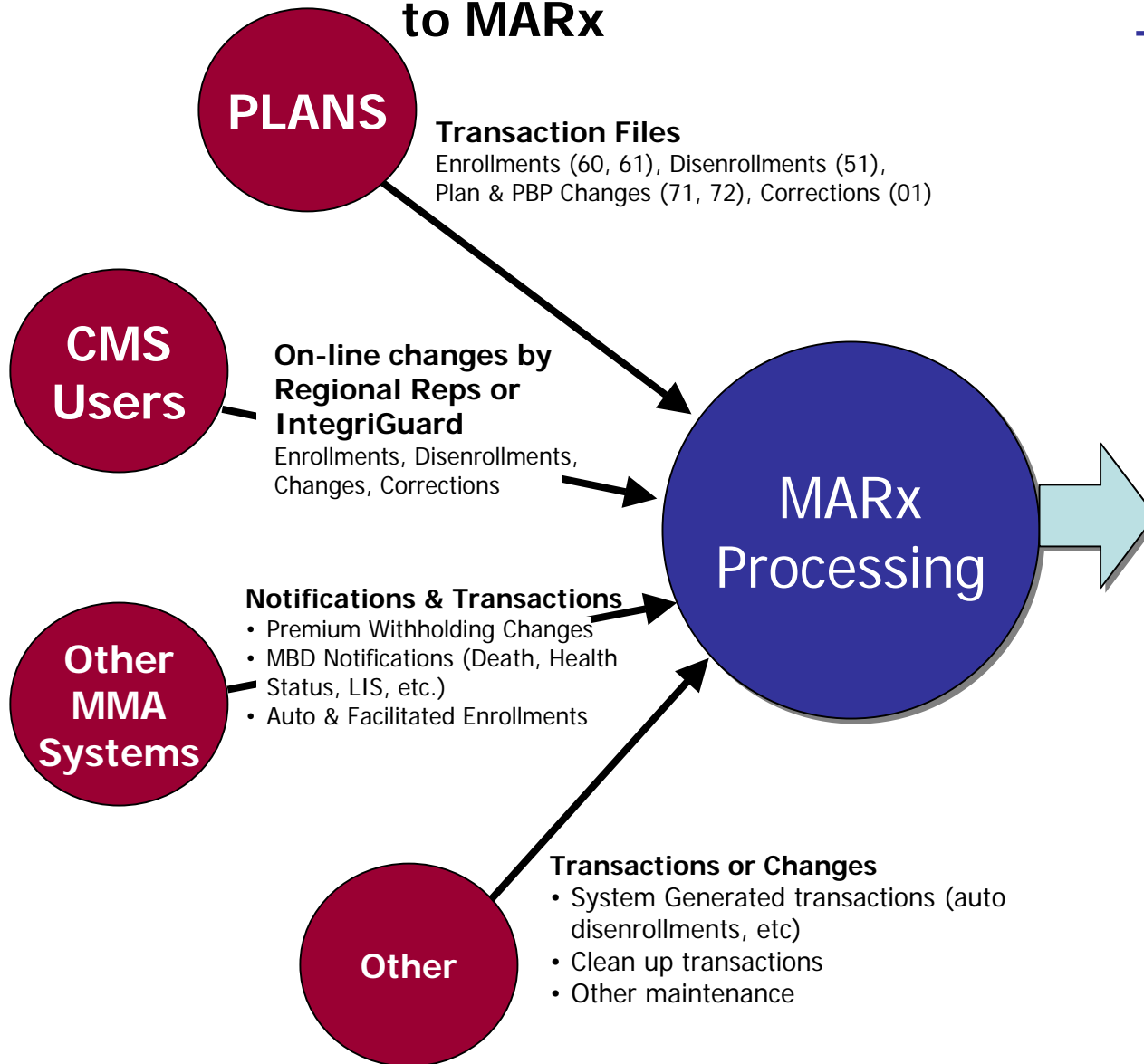
MARx Transaction Files Overview (continued)

- Transaction types (continued)
 - Change Transactions
 - Transaction codes: 71, 72 (Note: 71, PBP Change, is considered enrollment for election type limits)
 - Change transactions can be for PBP change (71), or Plan changes (72)
 - Plan changes can be for segment change, premium change, Employer Group Health Plan (EGHP) change, etc.
 - Corrections
 - Transaction codes: 01
 - Transactions that change a beneficiaries health status
 - Turning on: Institutional and Nursing Home Certifiable
 - Turning on and off: Medicaid

MARx Transaction Files Overview (continued)

- Transaction submissions not initiated by Plans
 - Transactions submitted by PWS and Call Service Center
 - Notifications
 - Affect the beneficiary's eligibility, health status, etc.
 - Reported on the Plan's TRR and other reports
- What is a batch transaction file?
 - A collection of many transactions (may include all transaction types) submitted to MARx in one file

DATA SUBMITTED to MARx



Transaction Replies

- **Replies to Plan submitted transactions**
 - Accepted
 - Rejected
- **Replies to other transactions**
 - Auto / Facilitated Enrollments
 - System generated disenrollments
 - Clean-up or maintenance transactions
- **Replies giving information (from notifications)**
 - Date of death
 - Premium Withhold Change
 - LIS change
 - Etc.

Submitting Transaction Files

- Formatting for batch transaction submissions
 - MARx performs basic file validation and transaction formatting edits on all transactions before processing may occur
 - Verifies that the following are correct:
 - Transaction file headers
 - » The date in the header must represent the payment month for the file. (ex. Files submitted between June 13 & July 13 are for the payment month of August – 082006)
 - » Headers for retro transactions must have RETRO at positions 14 – 18, and must be dated for the payment month **originally intended**
 - User authentication
 - Transaction format
 - Data types
 - If a transaction file fails these basic edits, the file receives a failed processing status & no file transactions are processed
 - Plans are notified of failed files

Batch Transaction Header Format for CPM Transactions

| Item | Field | Position | Description | Plan users enter |
|------|----------------|----------|--------------|---|
| 1 | Header Message | 1 – 12 | AAAAAAHEADER | <ul style="list-style-type: none"> •CPM Transactions: <ul style="list-style-type: none"> –Positions 1 – 6 = AAAAAA –Positions 7 – 12 = HEADER |
| 2 | Filler | 13 – 33 | Spaces | <ul style="list-style-type: none"> •CPM Transactions: <ul style="list-style-type: none"> –Positions 13 – 33 = Spaces |
| 3 | Payment Month | 34 – 39 | MMYYYY | <ul style="list-style-type: none"> •CPM Transactions: <ul style="list-style-type: none"> –Position 34 – 39 = MMYYYY (1 month <i>after</i> the date of processing) (Example: Transactions processed within the CPM of January must be dated 022006) |
| 4 | Filler | 40 – 224 | Spaces | <ul style="list-style-type: none"> •CPM Transactions: <ul style="list-style-type: none"> –Positions: 40 – 224 = Spaces |

Submitting Retroactive Transaction Files

- Retroactive transaction files
 - Transactions that have effective dates that are prior to the current month's processing rules are considered retroactive ("retro") transactions and require special handling
 - Not a normal part of the process - these transactions have been previously submitted, and due to problems with prior submission, require resubmitting
 - Failed transactions
 - Rejected transactions
- Submitting retro transaction files
 - Contact CMS Central Office representative for submission approval
 - Submit using the appropriate header formatting
 - Processing occurs after retro files are approved for processing by CMS
 - Files should consist of multiple transactions (not just one)

Batch Transaction Header Format for Retroactive Transactions

| Item | Field | Position | Description | Plan users enter |
|------|----------------|----------|--------------|--|
| 1 | Header Message | 1 – 12 | AAAAAAHEADER | <ul style="list-style-type: none"> •Retroactive Transactions: <ul style="list-style-type: none"> –Positions 1 – 6 = AAAAAA –Positions 7 – 12 = HEADER |
| 2 | Filler | 13 – 33 | Spaces | <ul style="list-style-type: none"> •Retroactive Transactions: <ul style="list-style-type: none"> –Position 13 = Space –Positions 14 – 18 = RETRO –Position 19 – 33 = Spaces |
| 3 | Payment Month | 34 – 39 | MMYYYY | <ul style="list-style-type: none"> •Retroactive Transactions: <ul style="list-style-type: none"> –Position 34 – 39 = MMYYYY (MMYYYY for the month payment is intended) |
| 4 | Filler | 40 – 224 | Spaces | <ul style="list-style-type: none"> •Retroactive Transactions: <ul style="list-style-type: none"> –Positions: 40 – 224 = Spaces |

Election Period Types

- Election period types and limits provide a means of regulating beneficiary access to Plans
 - The various available election period types include:
 - Initial Coverage Election Period – ICEP (I)
 - Initial Enrollment Period for Part D – IEP (E)
 - Open Enrollment Period - OEP (O)
 - Open Enrollment Period for Institutionalized Individuals – OEPI (T)
 - Open Enrollment Period for Newly Eligible Individuals – OEPNEW (N)
 - Annual Election Period – AEP (A)
 - Special Election Period – SEP (S)

Election Period Types (Continued)

- Initial Coverage Election Period – ICEP (I)
 - Election period for a person who is just becoming eligible for Medicare
 - 7 month period around the member's date of entitlement to both Part A and Part B
 - 1 (One) per LIFE
 - Beneficiary may elect an MA, MA-PD, SHMO I or SHMO II Plan

Election Period Types (Continued)

- Initial Enrollment Period for Part D – IEP (E)
 - Enrollment Period for the start of the Part D program
 - 7 month period around the member's entitlement date
 - 3 months before entitlement
 - During the month of entitlement
 - 3 months after the month of entitlement
 - Applies to MA-PD, PDP or Cost Plan with Drug
 - NOT FOR MA Only
 - One (1) per LIFE

Election Period Types (continued)

- Open Enrollment Period - OEP (O)
 - Jan – March (1st 3 months of the year)
 - For 2006 – 1st 6 months of 2006
 - One (1) per YEAR
 - MA, MA-PD, SHMO I, SHMO II
 - Medicare prescription drug coverage cannot be added or dropped during this period

Election Period Types (continued)

- Open Enrollment Period for Institutionalized Individuals – OEPI (T)
 - Starts the month the beneficiary is institutionalized
 - Institutionalized are those beneficiaries who move into, reside in or move out of a SNF, NF, ICF/MR, psychiatric, rehabilitation, long-term care hospital or unit or swing-bed hospital
 - Ends 2 months after the beneficiary moves out of the institution
 - No limit on the number of elections
 - MA, MA-PD, SHMO I, SHMO II
 - Medicare prescription drug coverage cannot be added or dropped during this period

Election Period Types (continued)

- Open Enrollment Period for Newly Eligible Individuals – OEPNEW (N)
 - For 2006, first 6 months of Part A/B entitlement before December 31st
 - For 2007, begins the month the beneficiary is entitled to both Part A and Part B and ends the earlier of the last day of the 3rd month of entitlement, or on December 31, 2006
 - One (1) per LIFE
 - MA, MA-PD, SHMO I, SHMO II
 - Medicare prescription drug coverage cannot be added or dropped during this period
 - An MA organization is not required to accept elections into its plan during the OEPNEW, but if open for these elections, must accept all OEPNEW elections into the plan

Election Period Types (continued)

- Annual Election Period – AEP (A)
 - November 15 – December 31 each year
 - One (1) per AEP
 - MA, MA-PD, PDP, SHMO I, SHMO II, Cost with Part D

Election Period Types (continued)

- Special Election Period – SEP (S)
 - Anytime
 - No limit
 - Used for special circumstances
 - All Plan types
 - Use for enrollment in Plans where no election type is required

Election Period Types (continued)

- CMS will validate timeframes for election period types received on enrollment and disenrollment transactions as follows:
 - Enrollments,
 - Validation will check that the *application date* on the transaction lies within the valid timeframe for the election period type
 - Disenrollments,
 - Validation will check that the *disenrollment effective date* on the transaction lies within the valid timeframe for the election period type

Election Period Limits

- What counts as an election?
 - An enrollment
 - Transactions 60, 61
 - A disenrollment
 - Transactions 51, 54
 - PBP Change
 - Transaction 71
- The following slides provide exceptions to this rule

Election Period Limits (continued)

- Canceling an enrollment
 - Enrollment Transaction with effective date
 - Disenrollment transaction must:
 - Have same effective date as enrollment
 - Be submitted in a file with a header date that is before the enrollment effective date
 - Cancellation doesn't count as an election
- Continuous enrollment
 - Plan A submits disenrollment for specific disenrollment effective date
 - Plan B submits enrollment transaction for the same effective date as disenrollment effective date of Plan A
 - These two (disenrollment from Plan A and enrollment in Plan B) count as one (1) election

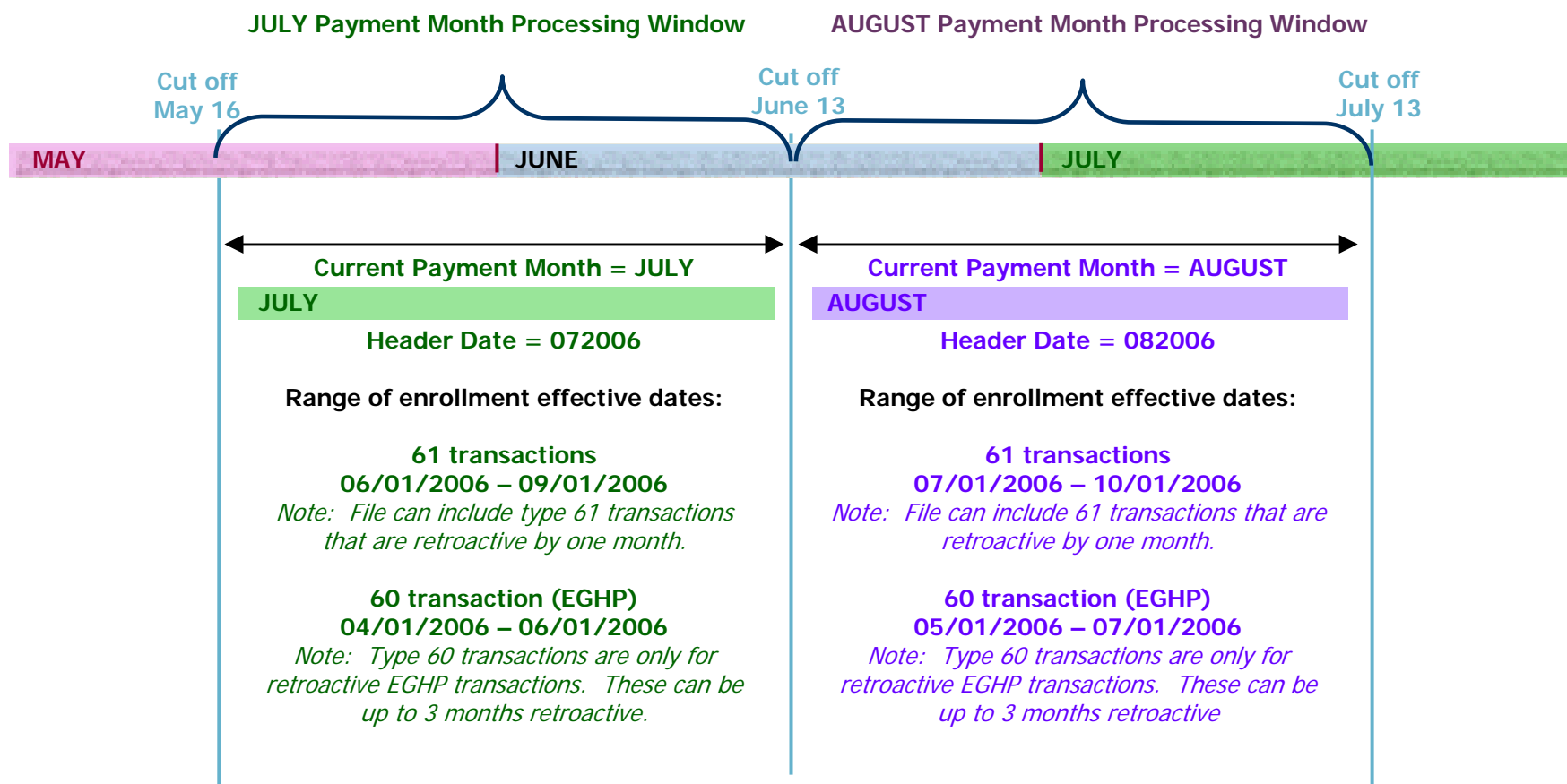
Election Period Limits (continued)

- Disenrollment as election
 - Beneficiary is enrolled in Plan A (1 election)
 - Beneficiary disenrolls from Plan A without immediately joining another Plan (1 election)
 - Beneficiary joins Plan B a month after the disenrollment (1 election)
- Another example
 - Beneficiary enrolls in Plan A (1 election)
 - Beneficiary enrolls in Plan B and is automatically disenrolled from Plan A (1 election)
- Another example
 - Beneficiary enrolls in Plan A (1 election)
 - Beneficiary's enrollment is cancelled prior to effective date (-1 election)
 - Beneficiary enrolls in Plan B (1 election)

MARx Processing Cycle

- MARx transaction processing cycle
 - MARx operates on a monthly processing cycle
 - During a MARx “processing window” transactions are submitted for a specific payment month
 - Called the Current Payment Month (CPM)
 - Each “processing window” has a “cutoff” date, after which transaction files are submitted for the next payment month
 - Transactions are processed as they enter the system, and payments are calculated immediately, until the cutoff date
 - In the month-end cycle, MARx calculates the final summary payments and adjustments. These become payments to the Plans
 - Reports for this processing month (cutoff to cutoff) are produced and pushed to Plans
 - Plans are encouraged to submit transaction files daily, throughout the month
 - Alleviates backlog of requests that could occur at the monthly cutoff date

Current Payment Month (CPM) – Example



*To submit transactions with effective dates prior to the allowed effective dates for a processing month, a Plan **MUST** contact their CMS Central Office Representative for special handling instructions.*

2006 Processing Months

All transactions received after the previous cut-off date and before 6:00 PM EST on the current month's cut-off date will be included in the monthly processing

| <i>Payment Month</i> | <i>Cut-off Date</i> |
|-----------------------|---------------------|
| <i>August 2006</i> | <i>7/13/2006</i> |
| <i>September 2006</i> | <i>8/16/2006</i> |
| <i>October 2006</i> | <i>9/14/2006</i> |
| <i>November 2006</i> | <i>10/17/2006</i> |
| <i>December 2006</i> | <i>11/8/2006</i> |
| <i>January 2007</i> | <i>12/8/2006</i> |

MARx Processing Cycle (continued)

- Processing flows for submitting transactions to CMS and retrieving reports from CMS
 - MARx transaction processing occurs during the first few weeks of the month until a cutoff date, which changes each month
 - At the cutoff date, MARx suspends the processing of new transactions
 - The month-end process performs final summarization of beneficiary level payments to Plan level payments
 - Monthly payments are reviewed by CMS before they are approved.
 - Once approved, MARx closes the current month and resumes the processing of transactions for the next month

MARx Processing Cycle (continued)

- Daily Processing

- Plans transmit beneficiary transactions to the CMS Data Center
- Plans verify MARx processing of data via various report files returned after processing the transaction file
- Throughout the month, MARx processes transactions as they are received and updates individual beneficiary records
- Throughout the month, MARx computes beneficiary-level payments and premiums based on updated transaction data, and summarizes them at the contract level
 - Summary includes any applicable adjustments, subsidies, and penalties
- MARx provides Plans with Weekly TRRs that summarize the disposition of transactions received for the week in its contracts
- Plans are encouraged to submit transaction files daily, throughout the month
 - Alleviates backlog of requests that could occur at the monthly cutoff date

MARx Processing Cycle (continued)

- Monthly
 - MARx creates contract payment validation reports
 - CMS reviews reports and authorizes contract payments for the month
 - Automated Plan Payment System (APPS) transmits Plan payment data to the CMS financial control system
 - A file is transmitted to the U.S. Treasury, where funds are electronically dispersed to Plan banking institutions

Transaction File Status Reporting

- Batch transaction file processing status
 - A transaction submitted to MARx has one of three statuses: failed, rejected or accepted
 - Accepted
 - Accepted transactions are successfully processed by MARx
 - If a transaction is accepted, MARx immediately calculates payment (and/or adjustments) and adds or subtracts the net dollar amount to the totals for the contract for each month
 - » Totals are dynamic and may change each time a transaction is processed, until monthly payment operations are concluded and final
 - Reported on the Batch Completion Status Summary Report that is transmitted to the Plan transmitter (submitter) for review and on the Weekly & Monthly TRRs

Transaction File Status Reporting (continued)

- Batch transaction file processing status
 - Failed and rejected transactions will need to be corrected and resubmitted to MARx for processing
 - Failed
 - A failure results when incoming data is not consistent with the database rules
 - The transaction is written to the Failed Transaction Data File and transmitted to the Plan transmitter (submitter) for review
 - Rejected
 - Rejected transactions are loaded into MARx, but encounter an error condition during processing
 - Reported on the Batch Completion Status Summary Report that is transmitted to the Plan transmitter (submitter) for review and on the Weekly & Monthly TRRs

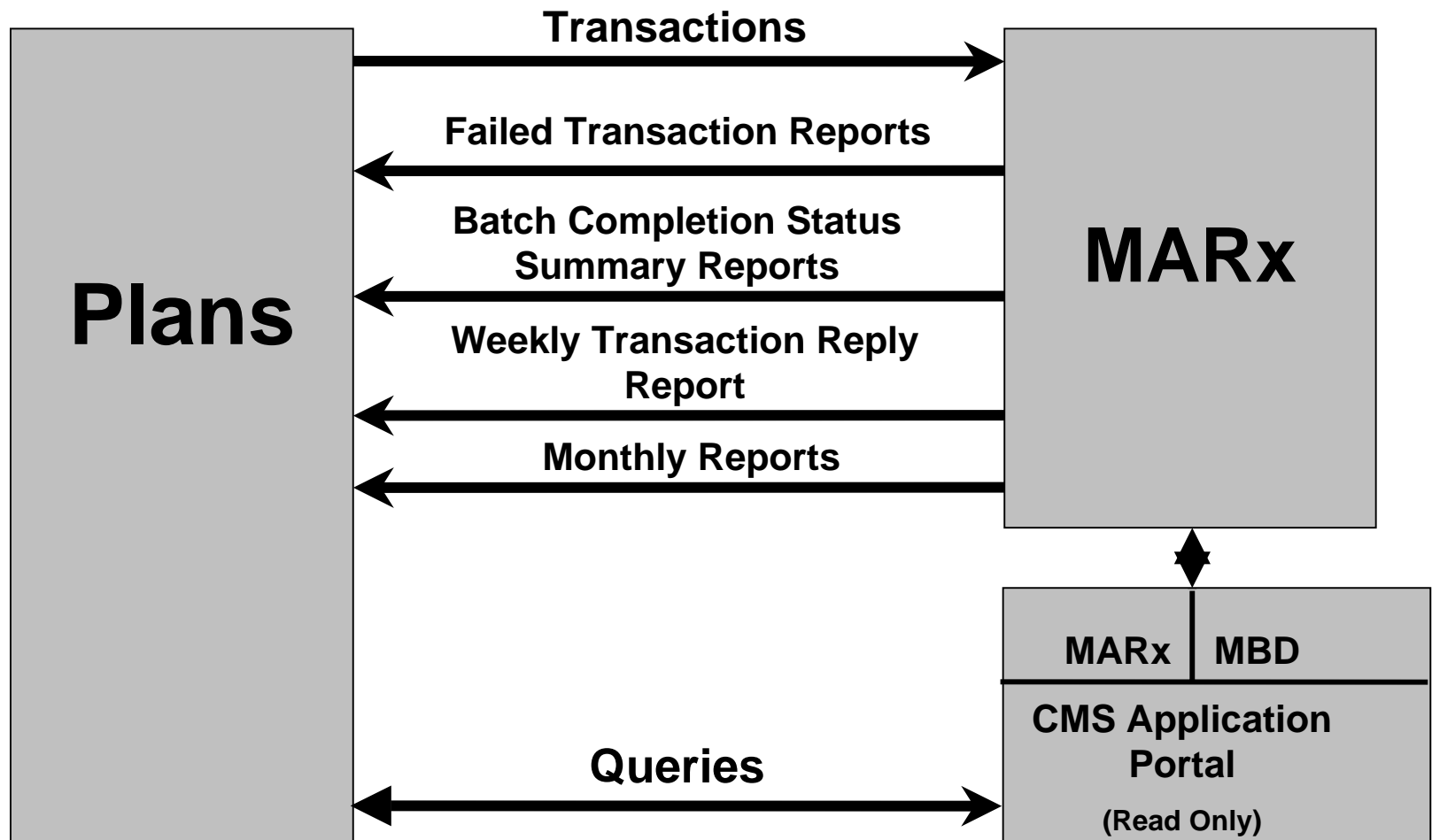
Retrieving Transaction File Status – MARx Reports

- MARx communicates the disposition of a transaction through a variety of reports that are transmitted to Plan users
 - Transmitted to Plan transmitters (submitters) upon batch submission
 - Failed Transaction Data File
 - Includes the original transaction and the failure error code
 - Enrollment Transmission Message File
 - Summary providing counts of transactions by type
 - Plans should use this file to monitor the successful (or unsuccessful) receipt of their batch transaction files
 - Transmitted to Plan transmitters (submitters) upon completion of processing a batch
 - Batch Completion Status Summary Report
 - Provides a count of all transactions within the batch, detailing the number of failed, rejected and accepted transactions
 - Provides an image of the rejected and accepted transactions

Retrieving Transaction File Status – MARx Reports

- Weekly and monthly reports and data files
 - Weekly/Monthly Transaction Reply Reports (TRR)
 - Weekly TRR provides a disposition of transactions submitted for a contract each week except the week when month-end occurs
 - Monthly TRR provides Transaction Replies for all transactions received for the CPM
 - Monthly Reports
 - Monthly reports include enrollment and payment reports that reflect the status at the completion of the monthly process
 - These reports provide a final disposition of all transactions that the Plan has transmitted for the processing month
- In addition to reports, MARx generates data files so that Plans may easily import information into their own systems if desired

MARx Plan Interaction



Section 2 – MARx Reports



Section 2 – MARx Reports

- Reports and Data Files – How are They Different?
- Transmissions Upon Batch Submission
- Transmissions Upon Batch Processing
- Daily Transmissions
- Weekly Transmissions
- Monthly Transmissions

MARx Reports

- Reports and data files – How are they different?
 - Reports are delivered in report format and a data file for further processing by the Plan
 - Report
 - ASCII file formatted with headings, special groupings, subtotals, totals, etc.
 - Data files
 - Formatted for input to automated parsing software
 - Plans may easily import information into their own systems, if desired
- Report Categories
 - Transmissions Upon Batch Submission
 - Transmissions Upon Batch Processing
 - Daily
 - Weekly
 - Monthly

Transmissions Upon Batch Submission

- Failed Transaction Data File
 - Data File
 - Report detailing transactions that cannot be loaded into MARx for processing due to formatting errors
 - This report is sent to the user who submitted the batch
- Enrollment Transmission Message File
 - Report
 - Summary of the batch enrollment transaction file providing counts of transactions by type
 - Contain a unique Batch ID that can be used to associate submissions to the Batch Completion Status Summary
 - Plans should use this file to monitor the successful (or unsuccessful) receipt of their batch transaction files
 - This report is sent to the user who submitted the batch

Transmissions Upon Batch Processing

- Batch Completion Status Summary Data File
 - Data file
 - Provides a count of all transactions within the batch
 - Details the number of rejected and accepted transactions
 - Provides an image of the rejected and accepted transactions
 - Provides a Transaction Reply Code for each transaction indicating the disposition of the transaction
 - This data file is sent to the submitter once a batch of submitted transactions have been processed

Daily Transmissions

- Coordination of Benefits (Validated Other Insurer Information)
 - Data file
 - File containing members' primary and secondary coverage that has been validated through COB processing
 - This report is produced by MBD
 - MARx forwards this report whenever a Plan's enrollees are affected
 - As this data becomes available (can be daily)
 - Enrollees included on the report are those newly enrolled who have known Other Health Insurance (OHI) and those Plan enrollees with changes to their OHI

Weekly Transmissions

- Transaction Reply Weekly Activity Report (Weekly TRR)
 - Report
 - Lists all of the transactions that MARx processed for a Plan in the week regardless of source, and gives a disposition code for each transaction
- Transaction Reply Weekly Activity Data File
 - Data file version of the Transaction Reply Weekly Activity Report
- Special Transaction Reply Weekly Activity Data File (Special TRR)
 - Special TRRs are generated as a result of clean up activities for Plans that are affected
 - There is no associated report to accompany this data file
 - TRC199 and TRC 999 that show on this data file will not ordinarily be reflected on the regular weekly and monthly TRRs

Weekly Transmissions

- Low-Income Subsidy/Part D Premium Data File (LISPRMD)
 - Data file
 - The data in the report reflects LIS info, premium subsidy levels, Low-income co-pay levels, etc. for all beneficiaries who have a low-income designation enrolled in a Plan.
 - Produced Bi-Weekly
 - Pushed to a Plan when requested from the MARx UI

Monthly Transmissions

- Transaction Reply/Monthly Activity Report (Monthly TRR)
 - Report
 - Lists all of the transactions that MARx processed for a Plan in the CPM (cutoff to cutoff), regardless of source, and gives a disposition code for each transaction
- Transaction Reply/Monthly Activity Data File
 - Data file
 - Data file version of the Transaction Reply/Monthly Activity Report

October CPM: August 17 – September 14

| | Sun Mon Tue Wed Thu Fri Sat | | | | | | |
|---|--|----------------------------------|----|--------------------------------|------------------------------|----|---|
| | | | | | | | |
| August | 13 | 14 | 15 | 16 September CPM cut off | 17 October CPM begins | 18 | 19 Weekly TRR for 8/12-16 (Sept. CPM) |
| | File submittals for CPM = October (week 1) | | | | | | Weekly TRR on 8/26 includes days from previous week. |
| | 20 | 21 | 22 | 23 | 24 | 25 | |
| | File submittals for CPM = October (week 1) | | | | | | (week 2) |
| September | 27 | 28 | 29 | 30 | 31 | 1 | 2 Weekly TRR for 8/26 – 9/1 (week 2) |
| | File submittals for CPM = October (week 2) | | | | | | (week 3) |
| | 3 | 4 | 5 | 6 | 7 | 8 | 9 Weekly TRR for 9/2 – 9/8 (week 3) |
| | File submittals for CPM = October (week 3) | | | | | | (week 4) |
| | 10 | 11 | 12 | 13 | 14 October CPM cut off | 15 | 16 Weekly TRR for 9/9 – 9/14 (week 4) |
| | File submittals for CPM = October (week 4) | | | | | | Weekly TRR for cut-off week includes only through 9/14 (October CPM). |
| | 17 | 18 | 19 | 20 | 21 | 22 | |
| | 24 | 25 Monthly TRR For October | 26 | 27 | 28 | 29 | 30 |
| October CPM Monthly TRR includes all transactions from Weekly TRRs 1 – 4. | | | | | | | |

Monthly Transmissions (continued)

- Part C Monthly Membership Detail Report
 - Report
 - Also known as: Monthly Membership Report (MMR)
 - Report listing every Part C Medicare member of the contract and providing details about the payments and adjustments made for each
- Part D Monthly Membership Detail Report
 - Report
 - Also known as: Monthly Membership Report (MMR)
 - Report listing every Part D Medicare member of the contract and providing details about the payments and adjustments made for each

Monthly Transmissions (continued)

- Monthly Membership Detail Data File
 - Data file version of the Monthly Membership Detail Reports
 - This file contains the data for both Part C and Part D members
- Monthly Membership Summary Report
 - Report
 - Summarizes payments to a Plan for the month, in several categories, and adjustments, by all adjustment categories
 - This report contains data for both Part C and Part D members
- Monthly Membership Summary Data File
 - Data file version of the Monthly Membership Summary Report for both Part C and Part D members

Monthly Transmissions (continued)

- RAS RxHCC Model Output Report
 - Report (.pdf)
 - Report showing the Part D risk adjustment factors for each beneficiary
 - Also known as the Part D Risk Adjustment Model Output Report
 - This report is produced by Risk Adjuster System (RAS)
 - MARx forwards this report to Plans as part of the month-end processing
- RAS RxHCC Model Output Data File
 - Data file version of the RAS RxHCC Model Output Report
 - Also known as the Part D Risk Adjustment Model Output Data File
 - This report is produced by RAS
 - MARx forwards this report to Plans as part of the month-end processing

Monthly Transmissions (continued)

- Auto and Facilitated Enrollment Address Data File
 - Data file
 - Contains addresses for beneficiaries who are facilitated or auto-enrolled each month
 - Plans receive the information on these enrollments through their Transaction Reply Reports
- Part C Risk Adjustment Model Output Report
 - Report
 - Shows Hierarchical Condition Codes (HCCs) used by RAS to calculate Part C risk adjustment factors for each beneficiary
 - This report is produced by RAS
 - MARx forwards this report to Plans as part of the month-end processing
- Part C Risk Adjustment Model Output Data File
 - Data file version of the Risk Adjustment Model Output Report
 - This report is produced by RAS

Monthly Transmissions (continued)

- Benefits Improvement & Protection Act of 2000 (BIPA) 606 Payment Reduction Report
 - Report
 - Lists members for whom the Plan is paying a portion of the Part B premium
 - Generated only if there are pre-2006 adjustments that involve BIPA 606 premium reductions
 - Monthly, if applicable
- BIPA 606 Payment Reduction Data File
 - Data file version of the BIPA 606 Reduction Report
 - Monthly, if applicable

Monthly Transmissions (continued)

- Bonus Payment Report
 - Report
 - Lists members for whom the Plan is to be paid a bonus. (Plans are paid a bonus for extending services to beneficiaries in some underserved areas.)
 - Generated only if there are pre-2006 adjustments that involve bonus payments
 - Monthly, if applicable
- Bonus Payment Data File
 - Data file version of the Bonus Payment Report
 - Monthly, if applicable

Monthly Transmissions (continued)

- Demographic Report
 - Report
 - Summary, by state and county, of the membership of the Plan
 - Members are counted in categories that parallel the factors used in calculating the demographic payment, as well as ESRD and hospice status
- Monthly Summary of Bills Report
 - Report
 - Summarizes all Medicare fee-for-service activity, both Part A and Part B, for beneficiaries enrolled in the contract
- HMO Bill Itemization Report
 - Report
 - Lists the Part A bills that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract

Monthly Transmissions (continued)

- Part B Claims Data File
 - Data file
 - Lists the Part B physician and supplier claims and Part B home health claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract
- Payment Records Report
 - Report
 - Lists the Part B physician and supplier claims that were processed under Medicare fee-for-service for beneficiaries enrolled in the contract

Monthly Transmissions (continued)

- Monthly Premium Withholding Report Data File (MPWR)
 - Data File
 - Monthly reconciliation file of premiums withheld from SSA, RRB, or OPM checks
 - Includes Part C and Part D premiums and any Part D Late Enrollment Penalties
 - This report is produced by Premium Withhold System (PWS)
 - MARx makes this report available to Plans as part of the month-end processing

Monthly Transmissions (continued)

- Plan Payment Report (APPS Payment Letter)
 - Report
 - Itemizes the final monthly payment to the Plan
 - This report is produced by the Automated Plan Payment System (APPS) when final payments are calculated
 - MARx makes this report available to Plans as part of the month-end processing
- Monthly Full Enrollment Data File
 - Data file
 - Includes all active membership for a Plan on the date the file was run
 - This file is considered a definitive statement of current Plan enrollment
 - Uses the same format as the weekly TRR
 - CMS will announce the availability of each month's file

Section 3 – Interpreting Transaction Reply Codes



Section 3 – Interpreting Transaction Reply Codes

- What is a Transaction Reply Code (TRC)?
- TRC Types
- Understanding TRC Scenarios
- Possible TRC Scenarios
 - Replies to Plan Initiated Transactions
 - Replies to System Initiated Transactions
 - System-Generated Transactions
 - 1-800-MEDICARE Generated
 - Other
- Breakout TRC Analysis Exercise

Transaction Reply Codes

- What is a Transaction Reply Code (TRC)?
 - *Three digit numeric code generated in response to processing MARx input transactions and notifications*
 - Enrollments, disenrollments, Plan and PBP changes, and correction transactions for authorized contracts
 - See the Transaction Submittal Restrictions job aid for information on contract authorizations
 - Notifications of events affecting beneficiaries such as death and health status
 - TRCs generated from notifications appear on the TRR only during the period of enrollment (i.e., TRC will not occur for notifications effective before the beneficiary is enrolled or after the beneficiary is disenrolled)
 - Auto and facilitated enrollments

Transaction Reply Code Types

- Reply codes are categorized as 'A', 'R', or 'M'
 - 'A' (Accepted)
 - Action requested was performed
 - Occur for Plan submitted transactions 01, 60, 61, 51, 71, and 72
 - Occur for transaction 54 (1-800-MEDICARE)
 - 'R' (Rejected)
 - Action requested could not be performed
 - Occur for Plan submitted transactions 01, 60, 61, 51, 71, and 72
 - Occur for transaction 54 (1-800-MEDICARE)
 - 'M' (Maintenance)
 - Action performed to update beneficiary profile
 - Occur for change notifications for which 01 is the noted transaction type

Understanding TRC Scenarios

- The following scenarios are **examples** of transaction replies and do not represent every transaction reply or combination of replies
 - Plans may receive multiple transaction replies for a single beneficiary on a single TRR; replies will vary depending upon individual beneficiary circumstances
 - TRRs will contain responses to Plan submitted transactions, beneficiary status/information changes, and responses to transactions as a result of other Plan actions
- Future system releases and updates may change the replies that are received by Plans. Please refer to CMS guidance and system documentation for current information
- For assistance with understanding transaction reply codes, contact the MMA Help Desk: 1-800-927-8069

Plan Initiated Transactions and Replies

PLAN Submission

Transaction File

Enrollments (60, 61)

Disenrollments (51)

Plan & PBP Changes
(71, 72)

Corrections (01)

MARx Processing

Based on:

- Beneficiary current status
- Enrollment and submittal rules
- Other submitted transactions
- Transaction formatting

ACCEPTED TRANSACTIONS

- Transaction Reply given an "A" TRC
- Beneficiary's enrollment record is updated

REJECTED TRANSACTIONS

- Transaction Reply given a "R" TRC
- Beneficiary's enrollment record is NOT updated

FAILED TRANSACTIONS

- Not returned on BCSS nor TRR
- Returned to Plan in Failed Transaction Data file
- Beneficiary's enrollment record is NOT updated

Plan's TRR

Accepted Transaction Replies

- "A" Transaction Reply Codes
 - Enrollment Accepted
 - Disenrollment Accepted
 - Change Accepted
- May include other "A" Reply records with TRCs that give info about the transaction such as:
 - 016 –Out of Area
 - 023 – Name Change

Rejected Transaction Replies

- "R" Transaction Reply Codes
 - Enrollment Rejected
 - Disenrollment Rejected
 - Change Rejected
- TRC specifies reason for rejection

Scenario #1 – Reply to a Plan Initiated Transaction

Plan submits standard enrollment

| TRC | Description | TTC | Source | Analysis |
|-----|----------------------------------|-------|--------|---|
| 011 | Enrollment Accepted as Submitted | 60/61 | Plan | <ul style="list-style-type: none"> • Beneficiary successfully enrolled. • As of October monthly reports, effective dates for all TR codes are in TRR field #18, Effective Date. |

Scenario #2 – Reply to a Plan Initiated Transaction

Plan submits a 01 Correction transaction to designate a beneficiary as institutional

| TRC | Description | TTC | Source | Analysis |
|-----|--|-----|--------|--|
| 157 | Contract not Authorized for Transaction Code | 01 | Plan | <ul style="list-style-type: none"> • A correction transaction attempted to process. The transaction was rejected because the Plan is not authorized to submit that type of transaction. |

Scenario #3 – Reply to a Plan Initiated Transaction

Plan submits transaction for a beneficiary who is not known to CMS (incorrect HICN)

| TRC | Description | TTC | Source | Analysis |
|-----|-----------------------|--------------------------------|--------|-------------------|
| 008 | Beneficiary Not Found | 51, 60, 61, 71, 72 | Plan | • Incorrect HICN. |

Scenario #4 – Reply to a Plan Initiated Transaction

Plan submits a disenrollment for a beneficiary who is not enrolled

| TRC | Description | TTC | Source | Analysis |
|-----|---|-----|--------|---|
| 050 | Disenrollment Rejected, Not Enrolled | 51 | Plan | <ul style="list-style-type: none"> Beneficiary was not enrolled in the Plan. |

Scenario #5 – Reply to a Plan Initiated Transaction

Plan submits a Plan Change transaction to update the EGHP flag, creditable coverage and secondary insurance information. In this case, one input transaction will generate three separate TRR responses for the same beneficiary

| TRC | Description | TTC | Source | Analysis |
|-----|---|-----|--------|--|
| 139 | EGHP Flag Change Accepted | 72 | Plan | •All of the requested changes were accepted. |
| 141 | Creditable Coverage Change Accepted | | | |
| 143 | Secondary Insurance Rx Number Change Accepted | | | |

Scenario #6 – Reply to a Plan Initiated Transaction

MARx attempted to process a transaction that was previously delayed

| TRC | Description | TTC | Source | Analysis |
|-----|--------------------------------|---------|--------|---|
| 199 | Rejected – Return for Research | Various | System | <ul style="list-style-type: none"> The transaction was rejected because other transactions were processed after the initial submission of this transaction. The Plan needs to check and see if the transaction needs to be resubmitted. If so, resubmit the transaction. If the transaction needs to be submitted retroactively, the Plan's Central Office Health Insurance Specialist (Appendix B in the PCUG) needs to be contacted for approval and instructions. |

Scenario #7 – Reply to a Plan Initiated Transaction

Plan submits enrollment transaction with an invalid transaction type code

| TRC | Description | TTC | Source | Analysis |
|-----|--------------------------|---|--------|--|
| 001 | Invalid Transaction Code | Not 01, 51, 60, 61, 71, or 72 | Plan | <ul style="list-style-type: none"> •No reply in the TRR. •Transaction returned to Plan in Failed Transactions File. •Transaction is not entered in the MARx system. |

Scenario #8 – Reply to a Plan Initiated Transaction

Plan submits enrollment for a beneficiary with employer subsidy status

| TRC | Description | TTC | Source | Analysis |
|-----|---|-------|--------|--|
| 127 | Part D Enrollment Rejected, Employer Subsidy Status | 60/61 | Plan | <ul style="list-style-type: none"> • Enrollments for beneficiaries with employer subsidy status are always rejected on first submission. • Requires resubmission with Employer Subsidy Override Flag after confirming beneficiary's intention. |

Scenario #9 – Reply to a Plan Initiated Transaction

Plan submits enrollment for a beneficiary but user not authorized for contract submittal

| TRC | Description | TTC | Source | Analysis |
|-----|--|-------|--------|--|
| 156 | Batch Transaction Rejected, User Not Authorized for Contract | 60/61 | Plan | <ul style="list-style-type: none"> Contract number needs to be corrected, or user needs to register for contract submittal. |

Scenario #10 – Reply to a Plan Initiated Transaction

Plan submits transaction for a beneficiary who is not known to CMS (mismatch on name, DOB, gender)

| TRC | Description | TTC | Source | Analysis |
|-----|------------------|--------------------------------|--------|---|
| 009 | No Match on Name | 51, 60, 61, 71, 72 | Plan | <ul style="list-style-type: none"> Beneficiary information does not match MMA System information for 3 of 4 of the following: surname, first initial of first name, date of birth, and gender. |

Scenario #11 – Reply to a Plan Initiated Transaction

Plan submits a disenrollment for a beneficiary and it is accepted

| TRC | Description | TTC | Source | Analysis |
|-----|-------------------------------------|-----|--------|---|
| 013 | Disenrollment Accepted as Submitted | 51 | Plan | <ul style="list-style-type: none"> Beneficiary successfully disenrolled. |

Scenario #12 – Reply to a Plan Initiated Transaction

Cancellation: Plan submits an enrollment followed by a disenrollment for a beneficiary with the same effective date in the same processing month

| TRC | Description | TTC | Source | Analysis |
|-----|----------------------------------|-----|--------|--|
| 011 | Enrollment Accepted as Submitted | 61 | Plan | <ul style="list-style-type: none"> •Beneficiary is not enrolled. The enrollment transaction was cancelled and election limits have been reset. •Both transactions had to have the same effective date. |
| 015 | Enrollment cancelled | 51 | Plan | |

Scenario #13 – Reply to a Plan Initiated Transaction

Plan submits an enrollment for a beneficiary, but the state and county codes were not available

| TRC | Description | TTC | Source | Analysis |
|-----|---|-----|--------|---|
| 11 | Enrollment Accepted as Submitted | 60 | Plan | <ul style="list-style-type: none"> •The beneficiary is considered out of the service area. •Valid state and county codes were not available and could not be derived from the zip code, so the payment made for this beneficiary is at the Plan bid rate with no geographic adjustment. |
| 16 | Enrollment Accepted Out of Area | | | |
| 17 | Enrollment Accepted, Payment Default Rate | | | |

Scenario #14 – Reply to a Plan Initiated Transaction

Plan submits enrollment for a beneficiary with employer subsidy status

| TRC | Description | TTC | Source | Analysis |
|-----|---|-------|--------|--|
| 128 | Part D Enrollment Rejected; Employer Subsidy Flag Set; No Prior Transaction | 60/61 | Plan | <ul style="list-style-type: none"> • Even with the Employer Subsidy Override Flag set, enrollments for beneficiaries with employer subsidy status are always rejected on first submission. • Requires resubmission with Employer Subsidy Override Flag after confirming beneficiary's intention. |

Scenario #15 – Reply to a Plan Initiated Transaction

A beneficiary's low-income status changes after Plan submitted enrollment

| TRC | Description | TTC | Source | Analysis |
|--------|---|-------|--------|--|
| 011 | Enrollment Accepted as Submitted | 60/61 | Plan | <ul style="list-style-type: none"> • Beneficiary successfully enrolled. • To be present with TRC-011, the low-income status change has to occur the same month the enrollment becomes effective. |
| 167 or | Change in Beneficiary Low-Income Premium Subsidy | 01 | System | |
| 168 | Change in Beneficiary Low-Income Cost Sharing Subsidy | 01 | | |

Scenario #16 – Reply to a Plan Initiated Transaction

Beneficiary, or previously enrolled individual, attempts to add or drop drug coverage

| TRC | Description | TTC | Source | Analysis |
|-----|--|-----|--------|---|
| 114 | Drug Coverage Change Rejected; Election Type Must be AEP or OEPI | 71 | Plan | <ul style="list-style-type: none"> Beneficiary or previously enrolled individual cannot change drug coverage except during AEP or OEPI election periods. |

System Initiated Transactions and Replies

Plans may see replies on their TRR that are initiated by the system

Triggers for System Generated Transactions

Auto / Facilitated Enrollments

Enrollments (61)

Notifications of Beneficiary Status Changes

Changes from MBD (01)

Enrollments Submitted by Other Plans

Enrollments (60, 61)

Clean Up Activities

Any type of transaction

MARx Processing

MARx considers:

- Beneficiary current status
- Enrollment and submittal rules
- Other submitted transactions

Plan's TRR

Auto / Facilitated Enrollments

- TRC 011 (Acceptance)
- Plus TRC 117 or 118 (Auto / Facilitated Enrollment)

Beneficiary Changes

- 01 Transactions with "M" type TRCs
- May trigger disenrollments (51)

Enrollments in other Plans

- Disenrollments (51)
- TRC codes indicating automatic disenrollment or enrollment cancellation (014, 015, 018)

Clean Ups

- Any transaction type
- Any TRC code
- Usually in special TRRs

Scenario #17 – Reply to a System Initiated Transaction

CMS submits auto or facilitated-enrollment and it is accepted

| TRC | Description | TTC | Source | Analysis |
|-----------|--|-----|--------|---|
| 117 or | FBD Auto-Enrollment Accepted OR | 61 | CMS | <ul style="list-style-type: none"> •Beneficiary successfully enrolled by CMS. •TRC associated with 011 describes enrollment type, Full-Benefit Dual-Eligible (FBD) auto or LIS facilitated. |
| 118 | LIS Facilitated Enrollment Accepted | 61 | CMS | |
| 011 | Enrollment Accepted as Submitted | 61 | CMS | |

Scenario #18 – Reply to a System Initiated Transaction

CMS receives notification of beneficiary date of death

| TRC | Description | TTC | Source | Analysis |
|-----|---------------------------|-----|--------|--|
| 090 | Date of Death Established | 01* | System | <ul style="list-style-type: none"> •Beneficiary automatically disenrolled from Plan effective the last day of the month in which date of death falls. •'01' transaction with TRC-090 carries actual date of death. •TRC-018 carries disenrollment end date, which is the last of the month. •TRC-090, transaction 51, carries a first of month date. |
| 018 | Automatic Disenrollment | 51 | System | |
| 090 | Date of Death Established | 51 | System | |

*The 01 transaction reply may or may not appear in the same weekly TRR as the associated 51 transaction replies.

Scenario #19 – Reply to a System Initiated Transaction

CMS receives notification of termination of beneficiary's Part A and/or Part B entitlement

| TRC | Description | TTC | Source | Analysis |
|---------------|-------------------------|-----|--------|---|
| 079 and/or | Part A Termination | 01 | System | <ul style="list-style-type: none"> Beneficiary automatically disenrolled from Plan* effective the last day of the month in which the enrollment is terminated. |
| 081 | Part B Termination | 01 | System | |
| 018 | Automatic Disenrollment | 51 | System | |

* For Part A terminations, MA and MA-PD disenroll. For Part B terminations MA and MA-PD, HCPP, COST, FFS Demo disenroll. (FFS Demos will soon require both Parts A and B.) For loss of both Parts A and B, all Plans disenroll.

Scenario #20 – Reply to a System Initiated Transaction

CMS receives notification of incarceration for a beneficiary

| TRC | Description | TTC | Source | Analysis |
|-----|---------------|-----|--------|---|
| 155 | Incarceration | 01 | System | <ul style="list-style-type: none"> The beneficiary is established as incarcerated. The Plan must verify the incarceration and disenroll the beneficiary, if appropriate. |

Scenario #21 – Reply to a System Initiated Transaction

CMS receives notification of a change to the beneficiary's ESRD status

| TRC | Description | TTC | Source | Analysis |
|-----|-----------------|-----|--------|---|
| 073 | ESRD Status Set | 01 | System | <ul style="list-style-type: none"> Beneficiary has been placed in ESRD status. |

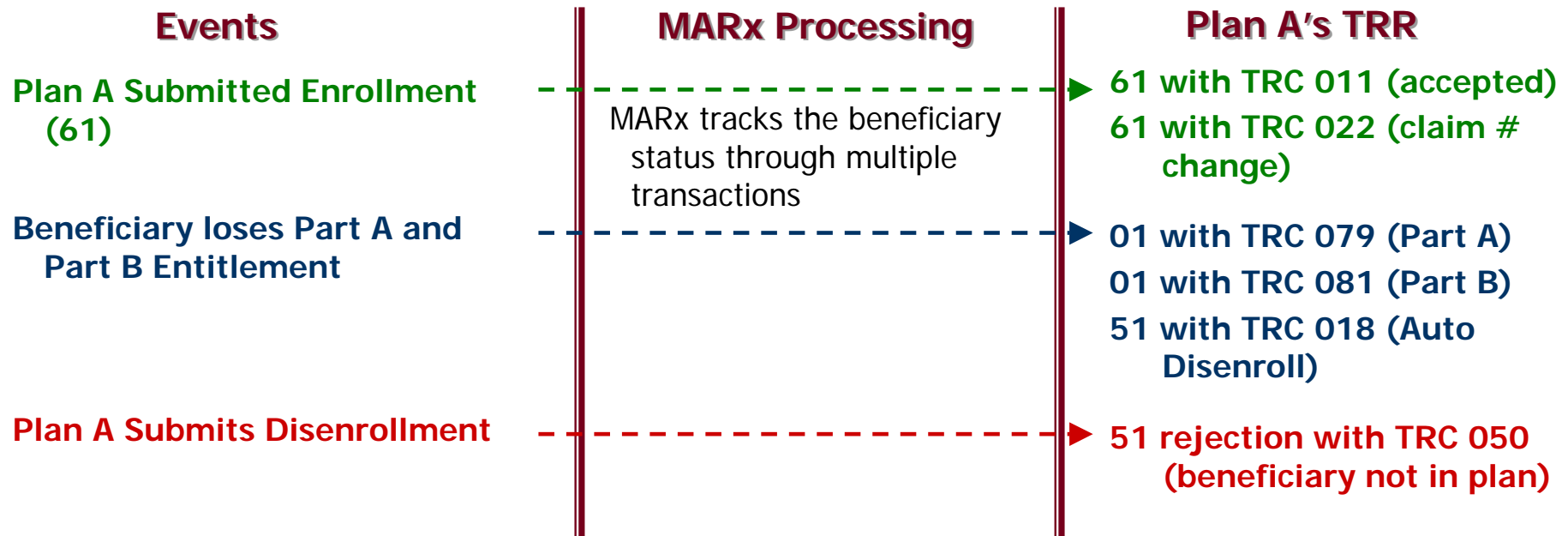
Scenario #22 – Reply to a System Initiated Transaction

CMS receives beneficiary state and county code change

| TRC | Description | TTC | Source | Analysis |
|-----|------------------------------|-----|--------|---|
| 085 | State and County Code Change | 01 | System | <ul style="list-style-type: none"> State and county code change placed the beneficiary outside the contract/plan service area. |
| 154 | Out of Area Status | | | |

Other Scenarios – Example

Plans may see the results of transactions for one beneficiary from multiple sources in one TRR



When evaluating Transaction Replies, Plans must consider the beneficiary's initial enrollment status and ALL transaction replies received for that beneficiary

Scenario #23 – Other

Plan submits correction for beneficiary previously disenrolled

| TRC | Description | TTC | Source | Analysis |
|-----|---|-----|--------|---|
| 014 | Disenrollment Due to Enrollment in Another Plan | 51 | System | <ul style="list-style-type: none"> Beneficiary was auto-disenrolled before the Plan's 72-type transaction was processed. The 72 was rejected because of the prior disenrollment. |
| 060 | Correction Rejected, Not Enrolled in Plan | 72 | Plan | |

Scenario #24 – Other

A processing delay was encountered due to causes that cannot be resolved without manual intervention

| TRC | Description | TTC | Source | Analysis |
|-----|--------------------|---------|-----------------|---|
| 165 | Processing Delayed | Various | System and Plan | <ul style="list-style-type: none"> Plan waits for resolution or follows CMS guidelines regarding the action being attempted. |

Scenario #25 – Other

Plan submits a disenrollment for a beneficiary who has been auto-disenrolled due to enrollment in another Plan

| TRC | Description | TTC | Source | Analysis |
|-----|---|-----|--------------|--|
| 014 | Disenrollment Due to Enrollment in Another Plan | 51 | Another Plan | <ul style="list-style-type: none"> • Beneficiary was auto-disenrolled by enrolling in another Plan. Field #28, Source ID, identifies enrolling Plan. • Beneficiary was no longer in Plan when disenrollment was processed. |
| 050 | Disenrollment Rejected, Not Enrolled | 51 | Plan | |

Scenario #26 – Other

Beneficiary will lose entitlement at a future date

| TRC | Description | TTC | Source | Analysis |
|-----|----------------------------------|-----|--------|--|
| 011 | Enrollment Accepted as Submitted | 61 | Plan | <ul style="list-style-type: none"> • Beneficiary was successfully enrolled. • CMS notifies the Plan that the beneficiary will lose their entitlement at a future date. • CMS issues disenrollment with the future effective date. • The enrollment is given an end date to match the future disenrollment. |
| 079 | Part A Termination | 01 | CMS | |
| 018 | Automatic Disenrollment | 51 | CMS | |

Breakout Scenarios

- Each is a set of transaction replies received on a single TRR
 - All transactions in the scenario are for one beneficiary
 - Replies are sorted by TRC code – NOT in the order processed
 - Replies may have been submitted on different transaction files but are on this Weekly or Monthly TRR
 - Dates are not provided to allow the groups to suggest a plausible transaction ordering
- Your job:
 - Identify the TRCs using your job aids
 - Answer the following questions and any other that are specified on your scenario:
 - What sequence of events could have produced these transaction replies?
 - What is the beneficiary's current status?
 - What should the Plan do in response?

Breakout Scenario #1

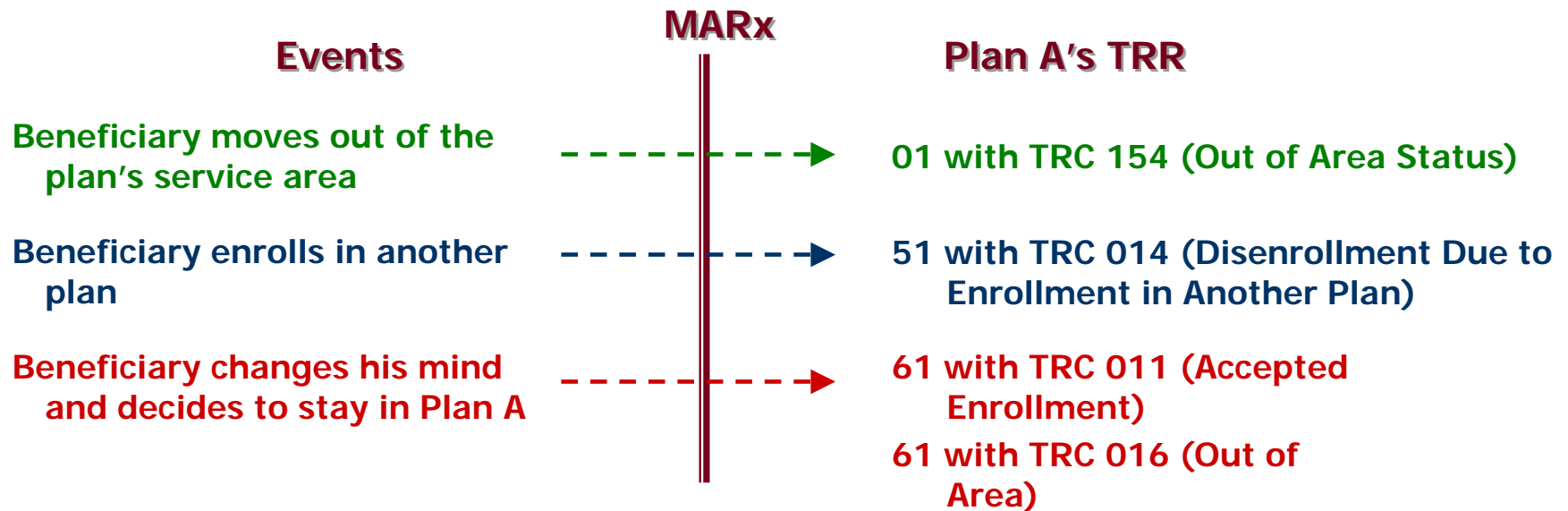
The beneficiary was already enrolled in the Plan prior to receiving these replies

| TTC | TRC | Description | Notes | Analysis |
|-----|-----|-------------|-------|----------|
| 61 | 011 | | | |
| 51 | 014 | | | |
| 61 | 016 | | | |
| 01 | 154 | | | |

- What sequence of events could have produced these transaction replies?
- What is the beneficiary's current status?
- Another Plan is involved in this scenario. What would the other Plan see in their TRR for this beneficiary?

Breakout Scenario #1

The beneficiary was already enrolled in the Plan prior to receiving these replies



- The beneficiary remains enrolled in Plan A
- The beneficiary may be out of the Plan's service area. The Plan must research

Breakout Scenario #1

The beneficiary was already enrolled in the Plan prior to receiving these replies.

| TTC | TRC | Description | Notes | Analysis |
|-----|-----|---|-------|---|
| 61 | 011 | Enrollment Accepted as Submitted | #3 | <ul style="list-style-type: none"> Beneficiary moves out of area CMS Notifies the Plan that the Beneficiary is Out of Area Beneficiary Enrolls in Another Plan (Plan B) Beneficiary Changes their mind and reenrolls in Plan A. Response to the enrollment includes reply indicating the beneficiary is Out of Area. |
| 51 | 014 | Disenrollment Due to Enrollment in Another Plan | #2 | |
| 61 | 016 | Enrollment Accepted, Out of Area | #4 | |
| 01 | 154 | Out of Area Status | #1 | |

- What sequence of events could have produced these transaction replies?
- What is the beneficiary's current status? *The beneficiary is enrolled in Plan A*
- Another Plan is involved in this scenario. What would the other Plan see in their TRR for this beneficiary? *The other plan would see a 61/011 (Enrollment Accepted) and a 51/014 (Disenrollment Due to Enrollment in Another Plan) or 51/015 (Enrollment Cancelled).*

Breakout Scenario #2

The beneficiary was NOT enrolled in the Plan prior to receiving these replies.

| TTC | TRC | Description | Notes | Analysis |
|-----|-----|-------------|---|----------|
| 61 | 011 | | | |
| 61 | 011 | | | |
| 51 | 015 | | <i>The Plan did NOT submit this transaction (based on the Source ID).</i> | |
| 61 | 016 | | | |

- What sequence of events could have produced these transaction replies?
- What is the beneficiary's current status?
- What should the Plan do after receiving these replies?

Breakout Scenario #2

The beneficiary was NOT enrolled in the Plan prior to receiving these replies.



- Plan B submitted their enrollment prior to the Plan A enrollment effective date and with the same effective date.
- The beneficiary is enrolled with Plan A.
- Some beneficiary information changed between the 1st enrollment transaction and the 2nd because the TRC 016 was only returned with one of the transactions.
- In the above sequence, the beneficiary is probably NOT Out of Area because TRC 016 was not returned with the **first** 61 transaction and not the **second**.
- ***Without processing date it may be difficult to determine with which 61 transaction the TRC 016 was returned.*** The Plan should review this date.

Breakout Scenario #2

The beneficiary was NOT enrolled in the Plan prior to receiving these replies.

| TTC | TRC | Description | Notes | Analysis |
|-----|-----|----------------------------------|-------|--|
| 61 | 011 | Enrollment Accepted as Submitted | #1 | <ul style="list-style-type: none"> Beneficiary Enrolls in Plan A Beneficiary Enrolls in Plan B Prior to the effective date, Plan B submits an enrollment transaction with the same effective date as the enrollment in Plan A Plan A receives an enrollment cancellation Beneficiary Changes their mind and reenrolls in Plan A. The Out of Area reply could have gone with either 61 transaction. |
| 61 | 011 | Enrollment Accepted as Submitted | #3 | |
| 51 | 015 | Enrollment Cancelled | #2 | |
| 61 | 016 | Enrollment Accepted, Out of Area | ?? | |

- What sequence of events could have produced these transaction replies?
- What is the beneficiary's current status? *The beneficiary is enrolled. He may or may not be out of area.*
- What should the Plan do after receiving these replies? *Complete the enrollment within the Plan's system, send 4Rx information, and research the Beneficiary's Out of Area status.*

Breakout Scenario #3

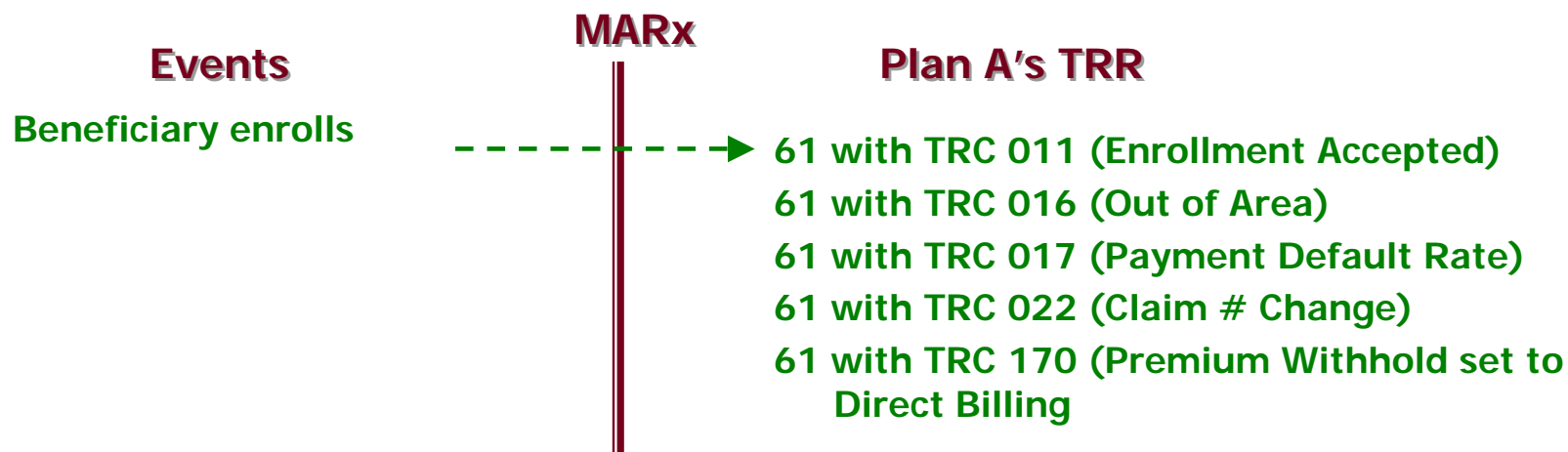
The Plan is an EGHP and their premium is \$0. The plan submitted an enrollment with N in the Premium Withhold Option.

| TTC | TRC | Description | Notes | Analysis |
|-----|-----|-------------|-------|----------|
| 61 | 011 | | | |
| 61 | 016 | | | |
| 61 | 017 | | | |
| 61 | 022 | | | |
| 61 | 170 | | | |

- What sequence of events could have produced these transaction replies?
- What is the beneficiary's current status?
- What should the plan do about the TRC 170?

Breakout Scenario #3

The Plan is an EGHP and their premium is \$0. The plan submitted an enrollment with N in the Premium Withhold Option.



- Enrollment triggers multiple other accepted transaction replies
- The beneficiary may be out of the Plan's service area. The Plan must research
- The Plan will be paid at the Default Rate
- The Plan should pick up the new Claim Number from the TRC 022 reply
- All EGHP enrollments are set to Direct Billing

Breakout Scenario #3

The Plan is an EGHP and their premium is \$0. The plan submitted an enrollment with N in the Premium Withhold Option.

| TTC | TRC | Description | Notes | Analysis |
|-----|-----|--|-------|---|
| 61 | 011 | Enrollment Accepted as Submitted | #1 | <ul style="list-style-type: none"> • All of these were triggered by the submission of the 61 enrollment transaction • Beneficiary is Out of Area • Payment will use the Default Rate • The Claim Number submitted on the enrollment has changed within CMS. This reply gives the new Claim Number. • The beneficiary's Withhold Status was NOT set to N as submitted, it was set to D. |
| 61 | 016 | Enrollment Accepted, Out of Area | | |
| 61 | 017 | Enrollment Accepted, Payment Default Rate | | |
| 61 | 022 | Enrollment Accepted, Claim Number Change | | |
| 61 | 170 | Enrollment or Change Accepted; Premium Withhold Option Changed to Direct Billing | | |

- What sequence of events could have produced these transaction replies?
An enrollment was accepted and ALL of the other replies resulted.
- What is the beneficiary's current status? The beneficiary is insured in the Plan, may be Out of Area and has a Withhold Status of D.
- What should the plan do about the TRC 170? All enrollments into EGHP Plans result in setting the Withhold Option to Direct Billing because withholding is not available for EGHPs.

Breakout Scenario #4

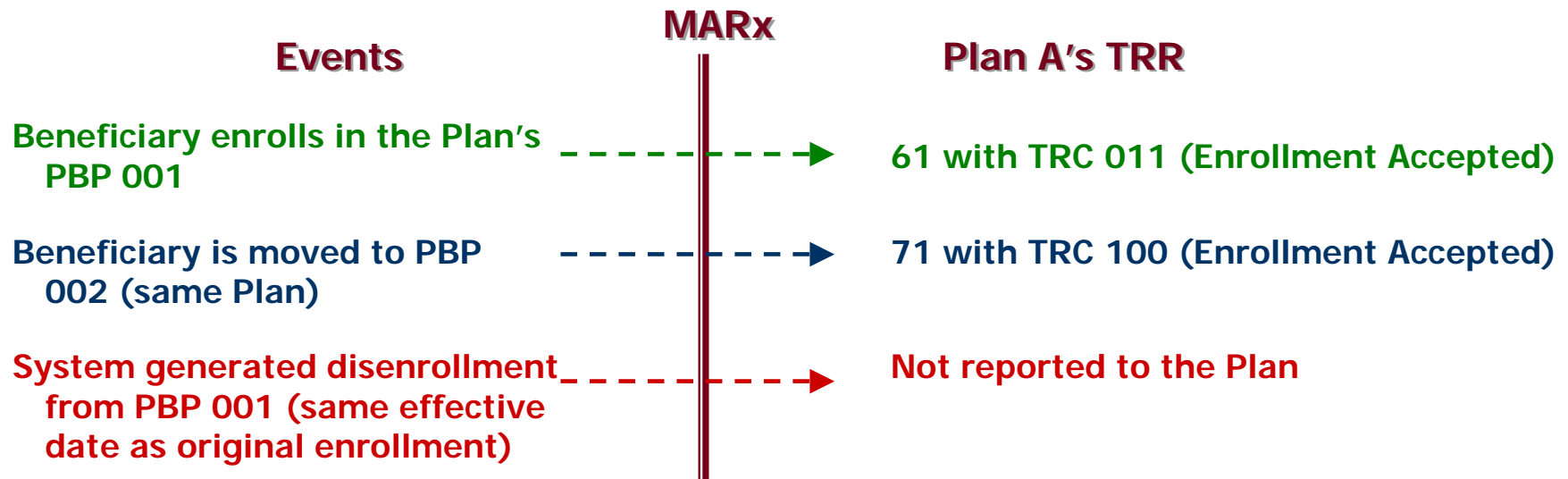
The beneficiary was not previously enrolled in the Plan and a PBP change occurred for the same effective date as the enrollment.

| TTC | TRC | Description | Notes | Analysis |
|-----|-----|-------------|---------|----------|
| 61 | 011 | | PBP 001 | |
| 71 | 100 | | PBP 002 | |

- What sequence of events could have produced these transaction replies?
- What is the beneficiary's current status?
- How many of the beneficiary's elections were used here?

Breakout Scenario #4

The beneficiary was not previously enrolled in the Plan.



- The beneficiary is enrolled in the Plan, PBP 002
- Cancellation of an enrollment prior to the effective date does not use an election.

Breakout Scenario #4

The beneficiary was not previously enrolled in the Plan.

| TTC | TRC | Description | Notes | Analysis |
|-----|-----|---|------------|---|
| 61 | 011 | Enrollment Accepted as Submitted | PBP 001 #1 | <ul style="list-style-type: none"> The beneficiary enrolls in PBP 001. The beneficiary decides to switch PBPs but they will keep the same Contract # Because the PBP change has the same effective date as the original enrollment and it is before the effective date, the original enrollment is cancelled. (The 71 transaction is handled as an enrollment) |
| 71 | 100 | Enrollment (PBP Change) Accepted as Submitted | PBP 002 #2 | |

- What sequence of events could have produced these transaction replies?
- What is the beneficiary's current status? The beneficiary is enrolled in the Plan, in PBP 002.
- How many of the beneficiary's elections were used here? One election was used. Because the original enrollment was cancelled it did not use an election.

Breakout Scenario #5

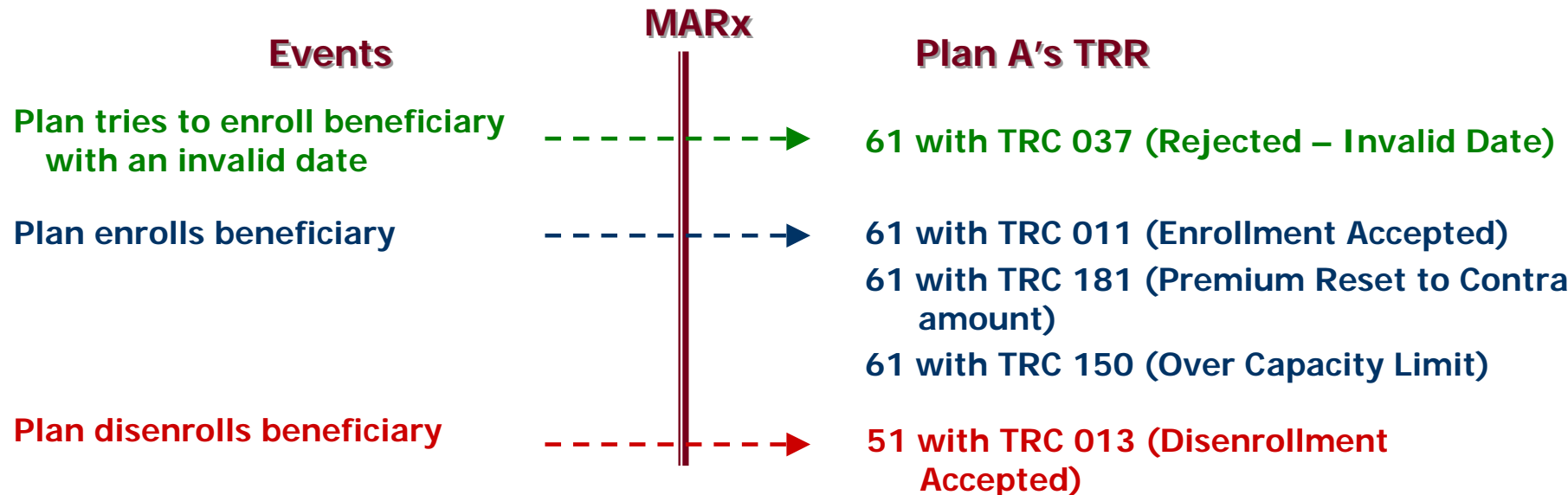
The beneficiary was not previously enrolled in the Plan.

| TTC | TRC | Description | Notes | Analysis |
|-----|-----|-------------|-------|----------|
| 61 | 011 | | | |
| 51 | 013 | | | |
| 61 | 037 | | | |
| 61 | 150 | | | |
| 61 | 181 | | | |

- What sequence of events could have produced these transaction replies?
- What is the beneficiary's current status?

Breakout Scenario #5

The beneficiary was not previously enrolled in the Plan.



- The beneficiary is disenrolled.
- When a Plan submits a transaction with a premium amount that does not agree with the plan's defined premium rate, the premium is changed to reflect the defined rate.

Breakout Scenario #5

The beneficiary was not previously enrolled in the Plan.

| TTC | TRC | Description | Notes | Analysis |
|-----|-----|---|-------|--|
| 61 | 011 | Enrollment Accepted as Submitted | #2 | <ul style="list-style-type: none"> Plan tries to enroll the beneficiary but submits an invalid date so the transaction is rejected. Plan successfully enrolls the beneficiary Plan submitted a premium that does not match the rate in HPMS so it is changed to the defined rate Plan is informed that this enrollment is over their capacity limit Plan disenrolls the beneficiary |
| 51 | 013 | Disenrollment Accepted as Submitted | #5 | |
| 61 | 037 | Enrollment Rejected, Invalid Date | #1 | |
| 61 | 150 | Enrollment accepted, Exceeds Capacity Limit | #4 | |
| 61 | 181 | Part D Premium Change | #3 | |

- What sequence of events could have produced these transaction replies?
- What is the beneficiary's current status? *The beneficiary is currently NOT enrolled.*

Hints for Evaluating Multiple Replies for a Single Beneficiary

- Consider the beneficiary's initial status with the Plan
Example: Same two transaction replies -

Beneficiary Already Enrolled

Accepted Disenrollment (51/013)
+ Accepted Enrollment (61/011)
= Beneficiary is **ENROLLED**

Beneficiary NOT Already Enrolled

Accepted Enrollment (61/011)
+ Accepted Disenrollment (51/013)
= Beneficiary is **NOT ENROLLED**

- Look at the Processing Date – Field 22
 - This can help put the replies into the correct order
- Look at the Source ID – Field 28
 - This can identify transactions that originated with another plan's activity

Section 4 – MARx: What to Expect Next



What to Expect Next – Fall 2006

- File Names and Naming Conventions
 - All outbound file names are changing
 - Inbound C:D file names are changing
- File Transfer Process
 - Triggers are no longer required and must be removed
- Reports and Data Files
- File Layouts
- Transaction Reply Codes
- User Interfaces

Section 5 – Current Issues (Discussion Panel / Q&A)



Section 5 – Current Issues

- **Current Issues I: Enrollment Issues**
 - Disenrollment Issues
 - Election Types and Election Limits
 - Application Dates and Effective Dates
 - Creditable Coverage
- **Current Issues II: Payment Issues**
 - Missing records from files
 - PBPs and segments
 - Adjustment reason codes
 - Late Enrollment Penalty
 - Premium Withholding

Learning Summary

- Now that you've completed the MARx training for Plan Users, you should be able to:
 - Demonstrate an understanding of MARx daily, weekly, and monthly transaction processing
 - Use, interpret, and manage MARx system report and data file information effectively

Enrollment System Training

Enrollment System Training for Plan Users

